

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16	1					
17		1				
18		1				
19	1					
20		1				
21		0				
22		0				
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29		0				
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31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39			1			
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1	1		
52	1		1			
53				1		
54				1		
55			1			
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			33			